MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/127735
APPLICANT(S)
FILING DATE 3/3/98

CLAIMS

CLAIMS	AS FILED IND.	AS FILED DEP.	A AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	B AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		CLAIMS	* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
1	1		1		1			51						
2		1		1		1		52						
3		1		1		1		53						
4		1		1		1		54						
5		1		1		1		55						
6		1		1		1		56						
7		1		1		1		57						
8		1		1		1		58						
9		1		1		1		59						
10		1		1		1		60						
11		1		1		1		61						
12		1		1		1		62						
13		1		1		1		63						
14	1		1		1			64						
15		1		1		1		65						
16		1		1		1		66						
17		1		1		1		67						
18	1			1		1		68						
19	1			1		1		69						
20		1		1		1		70						
21		1		1		1		71						
22		1		1		1		72						
23		1		1		1		73						
24		1		1		1		74						
25								75						
26								76						
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41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2		2		2			TOTAL IND.						
TOTAL DEP.	22		22		22			TOTAL DEP.						
TOTAL CLAIMS	24		24		24			TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS